

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	MR. G		5/3/60
O.I.P.E. CLASSIFIER		8	5/9/60
FORMALITY REVIEW		10017	5/14/60
RESPONSE FORMALITY REVIEW			

Best Available Copy

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓		5/1/60
2	✓	✓	✓
3	✓	✓	✓
4	✓	✓	✓
5	✓	✓	✓
6	✓		
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If more than 150 claims or 10 actions  
staple additional sheet

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